

Affidavit of Fact Under Federal Law

Page 1 of 2

1) I, Tyrone D. Ward # 189037, the undersigned "Affiant," do hereby depose, state, and say under federal law and penalty of perjury that the foregoing is true, correct, and complete and that Affiant is willing to testify in open court to same and/or that Affiant is willing to validate the veracity of same by any manner of court ordered polygraph, or other "lie detecting" technology in standard use.

Affiant further avers that Affiant is 21 years of age or older and in a state of sound mind and body;

2) Affiant is currently housed within a Restrictive Housing Unit (RHU) in 12 building on the Michael Unit located at 2664 FM 12054, Tennessee Colony, TX 75888 within the TDCJ-CID;

3) Affiant has filed "numerous" (no less than 10) Step 1 Grievances within the two year time period, that Affiant has been assigned to the said UNIT, and Affiant has read the responses to both Step 1 and Step 2 Grievances returned to other residents as well;

4) Affiant has noticed a pattern in all such grievance responses wherein any grievance responses relating to any grievances filed about 1) overall facility conditions; 2) food service and/or preparation; 3) facility cleanliness; 4) facility upkeep and maintenance; 5) vermin infestation; 6) mental health diversion programs scheduling and/or escort availability; 7) facility staffing; 8) commissary item selection and/or availability, and/or total allowable item purchases; and 9) facility recreational opportunities and time limits, are "rubber stamp" answered by the Michael

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Unit Grievance Department, and to the extent that no significant relief is ever granted to resolve problems germane to any situations devolving from the intrinsic circumstances inherent to the grievable categories presented herein above;

5) Affiant avers that the responses given to all residents re the situations devolving from the intrinsic circumstances inherent to the grievable categories presented herein above in paragraph "U" almost always ignores the substance of said grievable categories and/or addresses same in a manner that employs misdirection and/or outright lies in order to feign that NO such problems exists or ever existed, and

6) Affiant avers that said grievance system is "unavailable" (i.e. incapable of providing any meaningful and lasting redress to grievances) and therefore ineffective and amounts to nothing more than a token process offered to meet minimum statutory requirements.

Executed by: Tyrone R. Ward #769087 on this
the 24th day of January, 2022

Signature: 

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO BOX 414304
KANSAS CITY, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call Attorney Ms. Solomon (713)640-5956 (Name/Number)

and read the following script: Excuse me Dear Lady, I'm in Solitary Confinement and need you to set up our Legal phone Calls to get me pulled out so we can talk. You should have the Notarized Power of Attorney Document from March 26th 2019. Please get at me soon & feel free to communicate with my friends at IWOC HQ. You're awesome & have a very nice day, thank you! --- Truly, Jamanon P.S. Smile!

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: *Unitarian Universalist Association / T.J. Solomon Law Group, PLLC / ACLU / Texas Civil Rights Project / HRDC

JNH IWOC has my permission to send copies of this complaint WITHOUT my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: Houston Chronicle / Dallas Morning News / The Texas Tribune / KPFT.org / Solitary Watch / San Antonio Current

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITHOUT my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION - Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: CID Director Lorie Davis (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at P.O. Box 99, Huntsville, TX 77342 (Street address, city, state, and zip of agency or individual)

to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with IWOC KC, PO Box 41434, Kansas City, MO 64141 in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION - Part 2 of 2

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: IWOC KC, PO Box 414304, KC, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records - hard copies as well as electronic records - may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also JNH or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date 5-13-2014

Jaman N. Hestand #1343536
(Prisoner Name, DOC#)

Michael Unit
(Correctional Center)

2664 FM 2054
(Street Address)

Tenn. Colony, TX 75286
(City, State, Zip)

Notary-Public

Sworn and subscribed before me

this _____ day of _____
(Month) (Year)

My commission expires:

KC IWOC COMPLAINT FORM

KC IWOC
PO BOX 414304
KANSAS CITY, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
- 5. Human Rights Violations**
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.
PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER

Jamon N. Hestand #1343536

DATE

May 13th 2014

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit

2664 FM 2054

Tennessee Colony, TX 75886

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
*All Incarcerated IWW Members et.al.	TDCJ Systemwide. / Michael Unit 2664 FM 2054, Tenn. Colony, TX 75886	
T.J. Solomon Law Group, PLLC	2120 Welch Street Houston, TX 77019	(713) 640-5956
Bill Clopton # 2073041 S. Sulling # 1991564 Eddie Cabello # 441345	Michael Unit 2664 FM 2054, Tenn. Colony TX 75886 Estelle Unit 264 FM 3478, Huntsville, TX 77320 Coffield Unit Route 1, Box 150, Tenn. Colony, TX 75886	

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

*All Grievance Staff

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

TELEPHONE NUMBER (IF KNOWN)

Entire Grievance Office on Michael Unit including Wardens and at the Central Grievance Office and Medical Practice Managers...

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED
EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

COMPLAINT REPORT - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

My entire 14 years in prison but most recently from 2-13-2018 up til now?

TIME

Every time I file a Grievance!

FACILITY/UNIT

Michael Unit and Systemwide!

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary. The following is being done to all incarcerated persons:

Every Grievance I have filed in the last 15 months has been violated by Grievance Investigators on the Unit Level at Step 1 and at the Central Grievance Office at Step 2! All these Investigators on my Grievance file have conspired together against my rights continuously to violate my Protected Conduct of Filing Grievances as I attempted to exercise my access to courts rights non stop! Not even one of my Grievances has been resolved. None of my requested actions have been granted. They have stolen my Grievances, damaged them, refused to process them correctly according to the Law, lied on them constantly, avoided the main topics on them on purpose, avoided the Office of Inspector General on purpose, endlessly obstructed Justice non stop, etc... The Grievance System in TDCJ is completely corrupt and is a complete waste of Taxpayers' hard earned money! There needs to be Independent Oversight run by the Public over the Grievance System once and for all to hold corrupt Prison Officials & Staff fully accountable for their actions... This problem is Systemwide but my Grievance File alone is a mountain of evidence by itself!

Missouri Statutes Chapter 575, RSMo-False Declaration. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B Misdemeanor.

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT

DATE

May 13th, 2014

KC IWOC COMPLAINT FORM

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

KC IWOC

PO BOX 414304

KANSAS CITY, MO 64141

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER

Jamon N. Hestand #1343536

DATE

May 13th 2014

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit
2664 FM 2054
Tennessee Colony, TX 75886

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
All Incarcerated IWW Members et. al.	Michael Unit 2664 FM 2054 Tenn. Colony, TX 75886	
T.J. Solomon Law Group, PLLC	2120 Welch Street Houston, TX 77014	(713) 640-5956
Darwin Fisher #616375 Kaleb Robertson #1949013 David Mendez #2019500	All on Michael Unit 2664 FM 2054 Tenn. Colony, TX 75886	

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

Michael Unit Officials & Staff

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

TELEPHONE NUMBER (IF KNOWN)

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED
EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

COMPLAINT REPORT - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

Every Single Day!

TIME

All the time at every meal!

FACILITY/UNIT

Michael Unit!

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

Here on Michael Unit on 12 Building in Solitary Confinement that's not even supposed to exist anymore, we incarcerated persons are being starved on a regular basis due to missing items off our trays and the main kitchen menu not being followed correctly on purpose. We are also subjected to unsanitary food & drinks at each meal due to dirty tray carriers, dirty food carts, an infestation of mice & cockroaches, and from cross contamination. The cross contamination is from the Officers who feed the meals picking their noses, wiping sweat off their faces, scratching their privates, touching dirty tray slots & tray slot bars, touching filthy doors & crash gates, etc. and then touching our trays and handling our drinks... It's a living nightmare of unsanitary starvation! I'm hungry everyday and the food has no flavor or no spice to it on a regular basis! We can't even get salt & pepper each week like we are supposed to... I'm starving with unsanitary food & drinks that also taste awful! It's torture and is causing me and others serious mental, emotional, and physical trauma everyday! It's outrageous and I'm not even supposed to be in Solitary Confinement!

Missouri Statutes Chapter 575, RSMo-False Declaration. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B Misdemeanor.

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT

DATE

May 13th 2014

IWOC COMPLAINT FORM

Type of Complaint (Circle One or More) 1. Working Conditions
 2. Medical 3. Living Conditions 4. Rehabilitation Opportunities
 5. Human Rights Violations 6. Constitutional Rights Violations

Submit this to your local
 IWOC or to PO Box 414304,
 Kansas City, MO 64141

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jaman N. Nestand #1343536

DATE

3-7-2019

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886

WITNESS INFORMATION - IF NO WITNESSES HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
* All Incarcerated IWW Members	* Michael Unit	
* Attorney Tanika J. Salomon / T.J. Salomon Law Group, PLLC	2120 Welch Street Houston, TX 77019-5616	(713) 640-5956

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

Michael Unit

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

TELEPHONE NUMBER (IF KNOWN)

All Michael Unit Prison Officials/Staff who serve food & drinks
 on 12 Building

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

P.O. Box 44, Huntsville Texas 77342

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

Every meal, every single day non stop!

TIME

All the time! Breakfast, Lunch, and Dinner!

FACILITY/UNIT

Michael Unit / 12 Building Solitary Confinement

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

Every meal, every day is completely unsanitary here in Solitary Confinement on 12 Building... Officers who pass out the food & drinks routinely touch filthy cross over doors, pick their noses, touch dirty tray slot bars, wipe sweat off their faces, touch nasty tray slats & cell doors, scratch their privates, sneeze & cough everywhere, touch dirty crash gates, etc. and then touch trays and hand those trays out which automatically makes those trays, food, and drinks unsanitary with cross contamination. Tray carriers are rarely ever cleaned and mice & cockroaches are crawling around everywhere on a regular basis with an infestation that Prison Officials deny on purpose. The environment is so dirty, filthy, nasty, etc. that my mental illness stays agitated and I'm constantly paranoid of unsanitary food & drinks... Lastly, the food is never enough & the juice is always watered down. I am starving everyday. I live in hunger everyday. I am miserable with hunger. The food that is served is constantly missing portions and completely fails to meet any nutritional standards. The mentally ill are being tortured on Michael Unit every single day! It's madness!

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS

DATE

3-07-2014

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to:
KC IWOC
PO BOX 414304
KANSAS CITY, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call Attorney T.J.Solomon # (713) 640-5957 (Name/Number)

and read the following script: Hello. Excuse me, please share any information regarding this complaint Dear Lady... Also I got supposed confirmation from the mailroom here that the latest Application for Texas Death Certificate that I got Notarized on February 28th 2019 got mailed to you on March 1st 2019... Thank you & Bless you! Yours Truly, T.J. Solomon

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: National Lawyers Guild, "T.J. Solomon Law Group, PLLC" and IWOC Discretion

JNH IWOC has my permission to send copies of this complaint WITHOUT my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: "IWOC Discretion"

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITHOUT my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: Governor Greg Abbott

(Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at State Capitol, 1400 Congress Ave. Austin, TX

TX 78701-1932 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with IWOC KC, PO Box 41434, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, _____ (Name), _____ (Date of birth), prisoner under jurisdiction of the State of _____ (State) hereby request and authorize: IWOC KC, PO Box 414304, KC, MO 64141

to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) _____, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") _____

for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also _____ (Do) or _____ (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date March 6th 2017

Notary Public

Jamon N. Hestand #1343536

Sworn and subscribed before me

(Prisoner Name, DOC#)

Michael Unit

this _____ day of _____
(Month) (Year)

(Correctional Center)

2664 FM 2054

My commission expires:

(Street Address)

Tennessee Colony, TX 75886

(City, State, Zip)

KC IWOC COMPLAINT FORM

KC IWOC

PO BOX 414304

KANSAS CITY, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER

Jamon N. Hestand #1343536

DATE

March 6th 2019

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
* All Incarcerated IWW Members	Texas Department of Criminal Justice 2120 Welch Street Houston, TX 77019	(936)437-2101
* Attorney Tanika J. Solomon T.J. Solomon Law Group, PLLC		(713)640-5956
* All Incarcerated IWW Members	Michael Unit 2664 FM 2054 Tennessee Colony, TX 75886	

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE Texas Department of

Criminal Justice / Michael Unit

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

P.O. Box 99 Huntsville, TX 77342 / 2664 FM 2054 Tenn Colony, TX 75886

TELEPHONE NUMBER (IF KNOWN)

(936)437-2101

All Directors, Wardens, and Grievance Investigators are fully aware of the forthcoming complaint.

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

P.O. Box 99 Huntsville, TX 77342

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

COMPLAINT REPORT – PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

From 1986 up til now on Michael Unit / Always on the Grievance System
"Exhaust Vents"

TIME

FACILITY/UNIT

All Units Statewide / Michael Unit

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

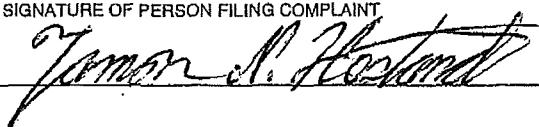
*The Grievance System is completely corrupt & utterly useless throughout the entire Texas Department of Criminal Justice. There needs to be "Independent Oversight" over the Grievance System to hold Prison Officials & Staff accountable for their actions and to truly honor Human & Civil Rights. Grievances are supposed to be a "Protected Conduct" under Federal Law but I personally have a huge stock of complaints at the "T.J. Solomon Law Group, PLLC" that have been violated by Wardens, Medical Practice Managers, Unit & Central Grievance Investigators, etc. who are not only violating Human & Civil Rights in a real conspiracy but also completely wasting Taxpayer money...

*Since around 1986 up til now the Michael Unit on 12 Building which houses Solitary Confinement has no built in Exhaust Vents on each section of each Pod of 12 Building to pull out any bad air such as smoke from fires or chemical agent from uses of feces or feces/dead animal smells from psyche patients throwing feces or dead animals rotting, etc. which violates Federal & State Law, Health & Safety Codes/Building Codes... And there's dust in the vents and mold growing in the cell walls... We are forced to breath bad air on a regular basis!

Missouri Statutes Chapter 575, RSMo-False Declaration. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B Misdemeanor.

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT



DATE

March 6th, 2019

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO BOX 414304
KANSAS CITY, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

(713) 640-5956

Call In Script - I would like IWOC to call Attorney Tanika J. Solomon - (Name/Number)

and read the following script: Hello! Excuse me, I have been trying to get your help for awhile now as I build my case stronger for Totality of Conditions. I need my Wells Fargo account opened up so I can get things going faster. We really need to talk to each other very soon--there's a huge potential for a Class action. Please set up a legal visit/phone call. And also please share a copy of my "True Story" with "KC-IWOC". I am a member of IWW now and they should help us communicate. I hope to hear from you soon and I look forward to meeting you in person. Bless you dear Tanika. Bye!
Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

J.N.H. IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: In Texas: Governor Greg Abbott

C.I.D. Director Lorrie Davis / T.D.C.J. Executive Director Bryan Collier / F.B.I. Dallas Office Civil Rights

J.N.H. Unit Criminal Investigative Division / T.B.C.J. Chairman Dale Wainwright / Office of Inspector General / etc.

IWOC has my permission to send copies of this complaint WITHOUT my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: _____

J.N.H. IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

J.N.H. IWOC has my permission to publicly share the information in this complaint WITHOUT my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

* Please wait on these until we see exactly what Attorney Tanika J. Solomon is going to do for me.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), Born: April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: Attorney-Tanika J. Solomon/T.J.Solomon Law Group, PLLC (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at (713) 640-5956 ~ 2120 Welch Street, Houston, TX 77019-5616 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with IWOC KC, PO Box 41434, Kansas City, MO 64141 Phone #(816) 866-3808 or (510) 368-3426 in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jamon Nathaniel Hestand (Name), Born: April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: IWOC KC, PO Box 414304, KC, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also J.N.H. or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

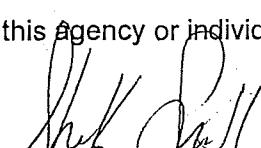
Date 10-3-2018

Jamon N. Hestand /Jamon N. Hestand (Prisoner Name, DOC#) 1343536

Michael Unit (Correctional Center)

2664 FM 2054 (Street Address)

Tennessee Colony, TX 75886 (City, State, Zip)

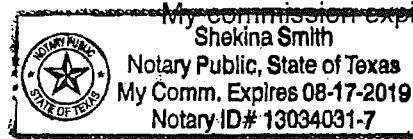


Notary Public

Sworn and subscribed before me,

this 3rd day of October 2018
(Month) (Year)

My commission expires: 8/17/2019



Notary Without Bond

KC IWOC COMPLAINT FORM

KC IWOC
PO BOX 414304
KANSAS CITY, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER

Jamon Nathaniel Hestand #1343536

DATE

9-21-2018

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
Roger Lvalle #625717	Michael Unit	
Demarcus G. Jackson #1815878		
Markelin Jones #1406421	Michael Unit	
Joseph Williams #2158219		
I've got more too!		

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

There's a bunch of them ~ See true story

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

? no way for me to know this yet,

TELEPHONE NUMBER (IF KNOWN)

?

"See Complaints" Warden Carol Monroe, Warden Charles Meader, Warden Deborah Cockrell, Warden Kempt (CIG), Margaret Price, Britton Rodriguez, Melissa Vista, Tommy Rainey, Monte Nobors, Jan Capt. Jamadre Enge, Lt. Barbara Neal, Cody Garner "Lt.", Robert Gage "Nurse", Michael O'Castello, Davis, Aguilar, Jackson, Amy McColister, Major Allen Vernon, Eldrick Birdaw, Major Nicale Sandifer, Kimberlyn Thompson, Doctor Gary Wright, Provider Rosemary Otili, Pam Pace Practice Manager and many more.

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice / C.I.D. Director Larie Davis

EMPLOYER ADDRESS

T.D.C.J. -- I think the main address is: T.D.C.J.
209 W. 14th St.
Austin, TX 78770

EMPLOYMENT STATUS (IF KNOWN)

Termination
 Suspension
 Resignation in lieu of termination
 Other: still working/Walking around like they haven't done anything wrong after breaking the law against me a whole bunch of times since February 13th 2018 till now

COMPLAINT REPORT - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

February 13th, 2018 up till now and ongoing ^{ADP}

TIME

Endless from February 13th, 2018 till now & ongoing ^{ADP}

FACILITY/UNIT

Michael Unit of T.D.C.J.

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

*** The Violations of my Human & Federal Right are as follows : Conspiracy against my rights, depriving me of my rights under color of law, interfering with my Federally Protected Activities, Obstructing Justice, Excessive Use of Force With Serious Injuries, Theft of ~~Half~~ my property, denial of access to medical / Inadequate care or no care, tampering with my food Illegally, Religious Discrimination, Unsanitary conditions, falsifying reports, denial of my Victims' rights, deliberate illegal interference with my attempts to exercise my access to courts rights and violating my Protected Conduct of filing Grievances, a deficient Law Library, mailroom staff delaying Legal & Media mail on purpose and illegally opening Legal & Media mail away from my presence, dirty showers, very bad air quality, no recreation and shower on a regular basis, Grievances not picked up 2 or 3 times every week, cruel & unusual punishment, unjust disciplinary practices including using food as a punishment against mentally ill, unsanitary food, maches / spiders / mice all over the place bad, denied psyche care completely without manipulation, malpractice by medical staff on purpose, food stolen off trays on regular basis and not following menu correctly, non stop pain, completely corrupt medical & grievance departments, cell that leaks with no cleaning supplies, and the list goes on. Threats to me & my Family with witnesses, etc. —**

Missouri Statutes Chapter 575, RSMo-False Declaration. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B Misdemeanor.

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT

DATE

4-30-2018

IWOC COMPLAINT FORM

KC IWOC
 PO Box 414304
 Kansas City, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon N. Hestand

DATE

8-13-2014

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
T.J. Solomon Law Group, PLLC /Attorney Tanika J. Solomon	2120 Welch Street Houston, TX 77019-5616	(713)640-5956

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

T.D.C.J.-C.I.D.

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

209 W. 14th Street, Austin, TX 78770 USA (512)463-4988

TELEPHONE NUMBER (IF KNOWN)

(512)463-4988

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED
EMPLOYER

EMPLOYER ADDRESS

209 W. 14th Street, Austin, TX 78770 USA

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

In Full Operation

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

From April 21st, 2005 up til now

TIME

FACILITY/UNIT

Several Units but currently at Michael Unit.

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

First of all, I have been incarcerated since April 21st, 2005 for a Plea Bargain Burglary all the way up til now on a Non-aggravated 20 year sentence I got from Denton County, Texas USA... All these years my Human & Civil Rights have been violated non stop on many levels and when Prison Officials placed me in Administrative Segregation or "Solitary Confinement" on July 11th, 2011 shortly afterwards it became very clear that the whole time I have been mentally ill and all the physical, mental, and emotional abuse I have received from Prison Officials & Staff, along with the Office of Inspector General employees either committing crimes against me or obstructing justice for those crimes, along with very incompetent or even sadistic Psyche Staff, etc. etc. has been a nightmare in a living hell making my life & mental illness worse & worse each passing day! I am being literally tortured in Solitary Confinement and being held in prison for an extraordinary length of time which is almost 17 in a half years flat on a non-agg 20 year sentence by Prison Officials who know very very clearly that I am mentally ill and should have long long ago been given my freedom from incarceration so I could get free world professional & ethical help in a positive environment where I am not being tortured & abused by Government Officials & Staff for insane amounts of time deliberately. I need my freedom and I need real help!

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS

DATE

8-13-2019

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO Box 414304
Kansas City, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call Governor Greg Abbott ~ Phone # (512) 463-2000 (Name/Number)
and read the following script: Excuse me Sir, I've been incarcerated for about 14½ years on a non-aggravated 20 year sentence for Plea Bargain Burglary and I am mentally ill and have been very seriously physically, mentally, and emotionally abused very badly by Prison Officials & Staff for a very long time now in Solitary Confinement where I've been since July 11th, 2011 til now! I need my freedom so, I can get free world therapy without torture & abuse. Please get me out of prison and help me get my life back on a positive track.
Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with: THANKS!

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: T.J. Solomon Law Group, PLLC
Unitarian Universalist Association / NPR News / KPFT.org / Anthony Robbins Foundation / etc.

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: Senate Committee on Criminal Justice / Soul Sisters / Corrections Committee / Solitary Watch / All Texas Media / etc.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITHOUT my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: Governor Greg Abbott (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at State Capitol, 1400 Congress Avenue, Austin, TX 78701-1932 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: KC IWOC, PO Box 414304, Kansas City, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion, IWOC Discretion, IWOC Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also JNH or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date August 20th, 2019

Jamon N. Hestand

(Prisoner Name, DOC#)

Michael Unit

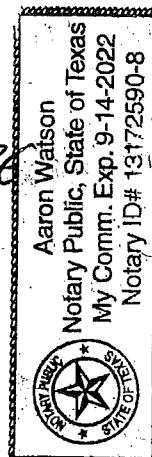
(Correctional Center)

2664 FM 2054

(Street Address)

Tennessee Colony, TX 75886

(City, State, Zip)



Notary Without Bond

Aaron Watson
Notary Public

Sworn and subscribed before me

this 20 day of August 2019
(Month) (Year)

My commission expires

9-14-22

IWOC COMPLAINT FORM

KC IWOC
PO Box 414304
Kansas City, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon N. Hestand #1343536

DATE

8-13-2019

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit,
2664 FM 2054, Tennessee Colony, TX 75886

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
All Incarcerated IWW Members	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903)-928-2311
T.J. Solomon Law Group, PLLC Attorney Tanika J. Solomon	2120 Welch Street Houston, TX 77019-5616 USA	(713)-640-5956
S. Sullins #1991564 Adam Waller #1923328 Mitchel Stewart #1666799	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903)-928-2311

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

Michael Unit/Prison Officials

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

2664 FM 2054,
Tennessee Colony, TX 75886 USA

TELEPHONE NUMBER (IF KNOWN)

(903)928-2311

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED
EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

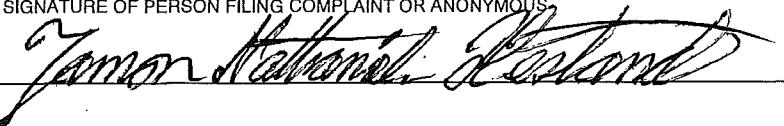
209 W. 14th St.
Austin, TX 78770 USA (512)463-4988

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

still in operation!

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT	
DATE OF INCIDENT/S	
TIME	Since Michael Unit first opened up til now & ongoing Every single day & night...
FACILITY/UNIT	Michael Unit "12 Building Solitary Confinement."
<p>Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.</p> <p><u>It's way worse now, but ever since this Unit opened up there has been no exhaust vents on each section of every Pod "A thru F" built into the ceilings to pull out bad air such as smoke from fires, chemical agents, feces odors, dead animal smells, etc. here on 12 Building Michael Unit which directly violates Health & Safety Codes, Building Codes, and Federal & State Laws... Now, most of us incarcerated persons on 12 Building are mentally ill in Solitary Confinement being tortured every day with very bad air quality, including mold in the cell walls & dirt/dust in the cell ventilation system. Mentally ill incarcerated persons here on 12 Building make fires with terrible smoke, throw rotten bodily fluids out their cells, or rotten dead mice fluids, etc. that sometimes make you think that we are about to die because it's so bad we have a hard time breathing! It's madness and anytime these Prison Officials/staff use force on mentally ill persons without notifying medical personnel to see if they are in the right frame of mind which they are not and they spray chemical agents on them; we all are forced to breath those agents and we all suffer...</u></p> <p><u>The air quality is terrible on 12 Building and everyone is being tortured including incarcerated persons & Prison Employees...</u></p> <p>I certify that the information provided is true and correct to the best of my knowledge and belief.</p>	
SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS	DATE
	8-13-2019

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO Box 414304
Kansas City, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

*Governor Greg Abbott of Texas

Call In Script - I would like IWOC to call Phone# (512) 463-2000 (Name/Number)

and read the following script: Excuse me Sir, but here at the Michael Unit of the Texas Department of Criminal Justice in Solitary Confinement on 12 Building, mentally ill incarcerated persons & Prison Officials & Staff are being tortured every day due to there being no exhaust vents installed on every section of every floor to pull out bad air, etc. Please fix this situation by shutting this building down til it is in full compliance with State & Federal Law.

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: T.J. Solomon Law Group, PLLC
Unitarian Universalist Association / Houston Chronicle / Dallas Morning News

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: USA Today / The Texas Tribune / The "Prison Show" at KPFT.org / NPR News / The Media.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jaman Nathaniel Hestand (Name), April 27th, 2019 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: C.I.D. Director Lorrie Davis (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at P.O. Box 99, Huntsville, TX 77342 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jaman Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: KC IWOC, PO Box 414304, Kansas City, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion, Iwac Discretion, Iwac Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also JNH or (Do not) want IWOC to ask the public to call th behalf.
(Circle and initial "Do" OR "Do not")

Date August 20th, 2019

Jaman Hestand #1343536
(Prisoner Name, DOC#)

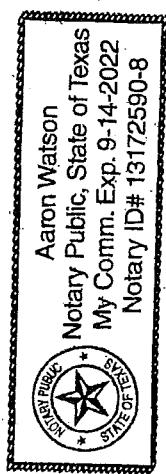
Michael Unit

(Correctional Center)

2664 FM 2054

(Street Address)

Tennessee Colony, TX 75886
(City, State, Zip)



Notary Without Bond

Aaron Watson
Notary Public, State of Texas
My Comm. Exp. 9-14-2022
Notary ID# 13172590-8

Sworn and subscribed before me

this 2015 day of August 2019
(Month) (Year)

My commission expires:

9/14/22

KC IWOC
PO Box 414304
Kansas City, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon Nathaniel Hestand #1343536

DATE

8-13-2014

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
T.J. Solomon Law Group PLLC / Attorney Tonika J. Solomon Mark Kevin Jones #1406421	2120 Welch Street Houston, TX 77019 USA Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(713) 640-5956 (903) 928-2311

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

LICENSE OR BADGE NUMBER (IF KNOWN)

Many Involved listed below

HOME ADDRESS (IF KNOWN)

TELEPHONE NUMBER

(IF KNOWN)

Prison Officials & Staff : Jamadre L. Enge, William T. Mullins, Michael O. Casteel, Marcelinda D. Najera-Aquilar, Barbara C. Neal, Ian Davis, Kimberlyn D. Thompson, Officer Jackson?, Robert Gage, et al. and many others who have gone out of their way to obstruct justice deliberately and deny me my Victims Rights continuously. Including OTG, Wardens, Grievance Investigators, etc.

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

209 W. 14th Street, Austin, TX 78770 USA

(512) 463-9988

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

Some are still employed by T.D.C.J. and some are not, but as far as I know most are still working.

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

February 13th, 2018 up til now & ongoing...

TIME

FACILITY/UNIT

Michael Unit / 12 Building Solitary Confinement

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

~~In the Mental Health Therapeutic Diversion Program,~~

On February 13th, 2018 several prison officials & staff stole half my property & assaulted & battered me with serious injuries during an illegal use of force. They hurt my upper & lower back, twisted my right knee badly, busted all the blood vessels in my eyes, caused my eardrums to bulge out and a ringing/piercing sound in both ears that has never stopped, hurt my right hand badly, knotted my head up front & back and split the right side open bleeding, fractured my ribs on my right side, etc... I've wrote to the Office of Inspector General, to Anderson County District Attorney Allyson A. Mitchell, and filed a bunch of Grievances and got OIG case #1800005440, but everyone in the Grievance Department, at the Office of Inspector General, and Allyson A. Mitchell have all obstructed justice & gone out of their ways to deny me my Victim's Rights. And to this very day now I live each day in great pain from multi site injuries that still have not been taken care of a year in a half later other than Ibuprofen, x-rays "which confirm my problems", etc. -- nothing has actually been done to fix or treat the actual injuries so I'm left in continuous pain which has seriously agitated my mental illness and I've been denied my Victim's Rights for the crimes committed against me by corrupt Government Officials & Staff illegally in a conspiracy against my rights. I am not ok or alright and there is a bunch of evidence to back this up including medical records, grievance file, prison record, etc.

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS

Zamon Nathaniel Eastland

DATE

8-13-2019

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO Box 414304
Kansas City, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call Governor Greg Abbott (Phone # 512) 463-2000 (Name/Number)

and read the following script: *Excuse me, I have been denied my Victim's Rights & Proper Medical Attention for injuries I received from several Prison Officials & Staff who stole half my property and assaulted & battered me with serious injuries that I am still suffering from February 13th, 2018 to now! Everyone I tried to get help from has obstructed justice deliberately! I need help seriously! Please help me out! Thanks!*

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: FBI Dallas, Texas Branch / T.J. Solomon Law Group, PLLC / Unitarian Universalist Association / KPFT.org / etc.

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: NPR News / Houston Chronicle / Dallas Morning News / Texas Tribune / USA Today / Governor of Texas / etc.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jaman Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of TEXAS (State) hereby request and authorize: Governor Greg Abbott of Texas (Name of the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.) you want IWOC to contact on your behalf, example Corizon), located at State Capitol, 1400 Congress Ave., PO Box 1428, Austin TX 78701-1932 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jaman Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of TEXAS (State) hereby request and authorize: KC IWOC, PO Box 414304, Kansas City, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion, IWOC Discretion, IWOC Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also DNH or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date August 20th, 2019

Jaman N. Hestand

Jaman N. Hestand #1343536

(Prisoner Name, DOC#)

Michael Unit

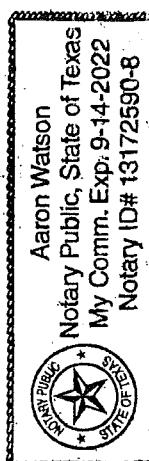
(Correctional Center)

2664 FM 2054

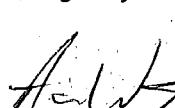
(Street Address)

Tennessee Colony, TX 75886

(City, State, Zip)



Notary Without Bond


Aaron Watson
Notary Public, State of Texas
My Comm. Exp. 9-14-2022
Notary ID# 13172590-8

Sworn and subscribed before me

this 20th day of August 2019
(Month) (Year)

My commission expires:

9/14/22

IWOC COMPLAINT FORM

KC IWOC
PO Box 414304
Kansas City, MO 64141

Type of Complaint (Circle One or More)

1. Working Conditions
2. Medical
3. Living Conditions
4. Rehabilitation Opportunities
5. Human Rights Violations
6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon Nathaniel Hestand

DATE

8-13-2011

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA

WITNESS INFORMATION - IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
All Incarcerated IWW Members...	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(403) 928-2311
T.J. Solomon Law Group, PLLC / Attorney Tamika J. Solomon	2120 Welch Street Houston, TX 77019-5616 USA	(713) 640-5956
Ricky Cruz #537947	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(403) 928-2311
Christopher Gray #1914760		
Kali R. Steele #1280991		

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

Michael Unit Prison Officials & Staff

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

2664 FM 2054, Tennessee Colony, TX 75886 USA

TELEPHONE NUMBER (IF KNOWN)

(403) 928-2311

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice

EMPLOYER ADDRESS

209 W. 14th Street, Austin, TX 78770 USA

(512) 463-4988

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

Ongoing!

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

Every Single day?

TIME
on a regular basis?

FACILITY/UNIT

Michael Unit

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

Every day on a regular basis here in Solitary Confinement on 12 Building of Michael Unit, we incarcerated persons are being starved with not enough nutritious food because the Kitchen Staff do not follow the correct menue whatsoever. We constantly get less food than we are supposed to get and fake juice is served at lunch & dinner and at breakfast we only get watered down powdered milk or coffee when we should get bath every time. Most of us in 12 Building are Mentally ill in either the Mental Health Therapeutic Diversion program or assigned as Chronically Mentally Ill If we refuse to participate in the other Program I just named. Also, of every meal the food & drinks are served unsanitary due to cross-contamination from Prison Staff touching dirty doors, filthy tray slots, dirty tray slot bars, nasty crash gates, filthy cell doors, etc. then touching our trays & drink and many times we see these Staff dripping sweat/wiping sweat off their bodies, scratching their privates & bodies, picking their noses, touching food on the trays, etc. etc. on a regular basis so that no matter what, all our meals are unsanitary every day because of cross contamination? It's torture and agitates my mental illness and every complaint I've filed in the Corrupt Grievance Department is denied every single time! Every day I'm hungry and don't feel good because of this ignorance... I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS

Yaron Mohamed Bestland

DATE

8-13-2019

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO Box 414304
Kansas City, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call CIO Director Lorie Davis (936)-437-2101 (Name/Number)

and read the following script: Excuse me but us mentally ill incarcerated persons are being starved in Solitary Confinement at Michael Unit 12 Building on a regular basis & every meal is served unsanitary due to cross contamination. We are being tortured endlessly so please fix this situation as soon as possible because it has gotten completely out of hand.. Thanks!

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: T.J. Solomon Law Group, PLLC / Unitarian Universalist Association / Houston Chronicle / Dallas Morning News / etc.

JNH IWOC has my permission to send copies of this complaint WITH ~~my name~~ and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: USA Today / 60 Minutes / The Austin Chronicle / NPR News / San Antonio Express News / KPFT.org / etc.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITH ~~my name~~ and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jaman Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: C.I.D. Director
Lorie Davis (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at P.O. Box 49, Huntsville,
TX 77342 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jaman Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize:
KC IWOC, PO Box 414304, Kansas City, MO 64141
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*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion, IWOC Discretion, IWOC Discretion for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also JNH or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date August 20th, 2019

Jaman N. Hestand

(Prisoner Name, DOC#)

Michael Unit

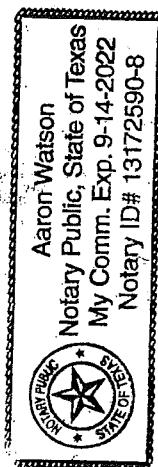
(Correctional Center)

2664 FM 2054

(Street Address)

Tennessee Colony, TX 75886

(City, State, Zip)



Aaron Watson
Notary Public, State of Texas
My Comm. Exp. 9-14-2022
Notary ID# 13172590-8
Notary Without Bond

Sworn and subscribed before me

this 20th day of August 2019
(Month) (Year)

My commission expires:

9/14/22

Type of Complaint (Circle One or More) 1. Working Conditions
 2. Medical 3. Living Conditions 4. Rehabilitation Opportunities
 5. Human Rights Violations 6. Constitutional Rights Violations

KC IWOC
 PO Box 414304
 Kansas City, MO 64141

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.

PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon Nathaniel Hestand #1343536

DATE

8-13-2019

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

2664 FM 2054, Tennessee Colony, TX 75886 USA

WITNESS INFORMATION – IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
All Incarcerated IWW Members...	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903)928-2311
T.J. Solomon Law Group, PLLC / Attorney Tanika J. Solomon	2120 Welch Street Houston, TX 77019-5616 USA	(713)640-5956
Ricky Cruz #577947 Michael Harrison #1728875 Darwin Fisher #616375	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903)928-2311

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE

T.D.C.J. / Michael Unit Prison Officials

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

209 W. 14th St. / 2664 FM 2054
Austin, TX 78770 USA / Tennessee Colony, TX 75886 USA

TELEPHONE NUMBER (IF KNOWN)

(512)463-9988 / (903)-928-2311

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

Texas Department of Criminal Justice - C.I.D.

EMPLOYER ADDRESS

209 W. 14th St.
Austin, TX 78770 USA (512)463-9988

EMPLOYMENT STATUS (IF KNOWN)

- Termination
- Suspension
- Resignation in lieu of termination
- Other:

Still Ongoing / In Operation / etc.

IWOC COMPLAINT FORM - PAGE 2

DESCRIPTION OF COMPLAINT

DATE OF INCIDENT/S

Decades & Ongoing

TIME

Every Single Day!

FACILITY/UNIT

Michael Unit & Throughout T.D.C.J.-C.I.D.

Describe the facts and details of the event(s). In your narrative, you need to distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. When possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity. Attach any related documentation. Documentation may include copies of previous IRRs, medical records, personnel records, and/or signed witness statements. Attach additional paper if necessary.

For many long years Solitary Confinement has been used against incarcerated persons up to this very day & ongoing... Not only does it create terrible mental illness but also it exacerbates or agitates that mental illness continuously causing severe mental & emotional pain & suffering each & every single day where everyday is nothing but torture & madness. Most recently Government Prison Officials of Texas made the Mental Health Therapeutic Diversion Program as an excuse to drag their feet as slow as they can to shut down Solitary Confinement in T.D.C.J.-C.I.D. and the great majority of us inmates who either complete that program or refuse to participate are still placed on "Chronically Mentally Ill- Segregated Housing" by the State Classification Committee of T.D.C.J.-C.I.D. against our will forced to remain in Solitary Confinement indefinitely. The environment in here is "extremely" negative, Chaotic, hateful, unhealthy, unsanitary, insane, inhumane, etc... The Prison Officials & Staff involved are completely incompetent when dealing with mentally ill incarcerated persons and continuously react to every problem with very extreme ignorance & Violence instead of intelligence. Also, here at the Michael Unit P2 Building Solitary Confinement, Prison Officials are deliberately keeping this ignorant program going & CMI-SH while being extremely understaffed on purpose for monetary reasons, for example, in the last 87 days we've only gotten 31 showers & 11 days of recreation and on those days only about 14 people out of 84 get anything at all! Its torture!

I certify that the information provided is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON FILING COMPLAINT OR ANONYMOUS

DATE

8-13-2014

IWOC COMPLAINT FORM - PAGE 3

Complaints may be filed by anyone with knowledge of the alleged violation.

A detailed description of the alleged behavior must be provided in the complaint. The complaint should also include any documentation which supports the allegations.

The complaint should be based on first-hand observations and/or personal knowledge and not hearsay statements obtained from others.

The written complaint should include the following:

- Correct spelling of the alleged abuser's full name (first and last).
- A detailed summary of each alleged violation. Include the date of each alleged incident and the name of the other individuals involved. If the incident involves medication, include the name of the medication. Be very specific in describing the events.
- List witnesses to the incident(s) and contact information for each.
- **Confidentiality:** Complaints are NOT confidential. We share complaint information in an effort to get you some assistance!

All medical complaints must have a notarized copy of the Affidavit of Verification (see reverse). The Affidavit of Verification is optional for other types of complaints.

Mail the completed form to: KC IWOC
PO Box 414304
Kansas City, MO 64141

It may take several weeks for us to send word to you that we have received your complaint but we will start processing them immediately upon receipt.

Call In Script - I would like IWOC to call Governor Gregg Abbott ~ Phone # (512) 463-2000
(Name/Number)

and read the following script: Hello Mr. Abbott. Please excuse Sir but I'm in Solitary Confinement at Michael Unit and am mentally ill. We incarcerated persons are being tortured and the conditions are absolutely terrible & getting worse each day. Its torture in here and is destroying my life with its everyday inhumanity. This place needs to be shut down immediately! Its completely out of control! Please help us & help me! Thanks!

Please initial all the items below that you approve of and write NO by all the items you do not approve of. We will adhere to your wishes and will still work on your complaint even if you check NO on various items. Please only approve the items you are sure you are comfortable with:

JNH IWOC has my permission to send copies of this complaint WITH my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: T.J. Solomon Law Group, PLLC/
Unitarian Universalist Association/Central Texas Conference/Texas CURE/etc.

JNH IWOC has my permission to send copies of this complaint WITHOUT my name and prisoner ID to any agencies and offices that IWOC thinks may help get a resolution to my complaint. Please send my written complaint to: Texas Voices/NPR News/
Houston Chronicle/Dallas Morning News/KPFT.org/Senator John Cornyn/Texas Tribune/etc.

JNH IWOC has my permission to publicly share the information in this complaint WITH my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

JNH IWOC has my permission to publicly share the information in this complaint WITHOUT my name and prisoner ID number to request public assistance in calling or writing to agencies and offices that IWOC thinks may help get a resolution to my complaint.

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: Governor Greg Abbott of Texas (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at State Capitol, 1400 Congress Ave., P.O. Box 12428, Austin TX 78701-1932 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: KC IWOC, PO Box 414304, Kansas City, MO 64141 to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health condition suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) IWOC Discretion, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") IWOC Discretion, IWOC Discretion, IWOC for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also DNH or (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

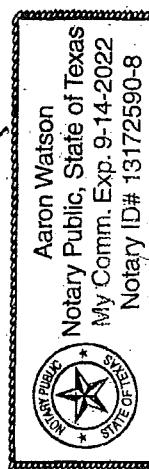
Date August 20th, 2014

Jamon M. Hestand #1342536
(Prisoner Name, DOC#)

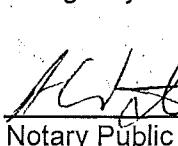
Michael Unit
(Correctional Center)

2664 FM 2254
(Street Address)

Tennessee Colony, TX 75886
(City, State, Zip)



Notary Without Bond


Aaron Watson
Notary Public, State of Texas
My Comm. Exp. 9-14-2022
Notary ID# 13172590-8

Sworn and subscribed before me

this 2015 day of August 2019
(Month) (Year)

My commission expires:

9/14/22



Texas Board of Criminal Justice

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

Patrick O' Daniel
Chairman

August 21, 2020

HESTAND, Jamon #01343536
Michael Unit
2664 FM 2054
Tennessee Colony, TX. 75886

RE: SA-201400363-00006

Offender Hestand,

This letter is in response to correspondence received August 10, 2020, from H. Lamb regarding your allegation of being sexually abused by an staff at the Michael Unit.

The TDCJ has zero tolerance for sexual abuse and sexual harassment and requires all allegations of sexual abuse and sexual harassment to be thoroughly investigated. The PREA Ombudsman Office is responsible for the oversite of administrative investigations concerning allegations of sexual abuse and sexual harassment. We fully review each administrative investigation and the unit's response to allegations of sexual abuse and sexual harassment. In addition, allegations of sexual abuse received in the PREA Ombudsman Office are referred to the Texas Board of Criminal Justice, Office of the Inspector General (OIG) for possible criminal investigation. Criminal investigations do not fall within the purview of the PREA Ombudsman Office; therefore, any questions regarding a criminal investigation should be directed to the OIG at P.O. Box 4003, Huntsville, Texas 77342.

The PREA Ombudsman Office conducted a review of the unit's administrative investigative reports regarding the allegation of sexual abuse, to include statements. We found the investigation was conducted appropriately and in accordance with TDCJ policies and procedures. We completed our investigative review on August 21, 2020 and determined the allegation of sexual abuse to be unfounded. Please note that "unfounded" means the allegation was investigated and determined not to have occurred. Based on the information we reviewed, the PREA Ombudsman Office has closed this inquiry request and no further action will be taken at this time.

Sincerely,
Marla Norsworthy
Program Specialist I
PREA Ombudsman Office
Copy: File



After Five Days Return To
TEXAS BOARD OF CRIMINAL JUSTICE
PREA Ombudsman Office
P.O. Box 99
Huntsville, Texas 77342

RO-040420

TO BYUB

HESTAND, Jamon #01343536
Michael Unit
2664 FM 2054
Tennessee Colony, TX. 75886





U.S. Department of Justice
Civil Rights Division

168-75-0/658756

Special Litigation Section - PHB
950 Pennsylvania Avenue, NW
Washington, DC 20530

April 19, 2019

Jaman Hestand
Michael Unit
2664 FM 2054
Tenn Colony, TX 75886

Dear Mr. Hestand:

Thank you for your letter. The Special Litigation Section relies on information from community members to identify civil rights violations. Each week, we receive hundreds of reports of potential violations. We collect and analyze this information to help us select cases, and we may also use this information as evidence in an existing case. We will review your letter to decide whether it is necessary to contact you for additional information. We do not have the resources to follow-up on every letter.

The Special Litigation Section is one of several Sections in the Civil Rights Division. We work to protect civil rights in four areas: 1) the rights of people in state or local institutions, including: jails, prisons, juvenile detention facilities, and health care facilities for persons with disabilities (including whether persons in health care facilities should be getting services in the community instead); 2) the rights of people who interact with state or local police or sheriffs' departments; 3) the rights of people to have safe access to reproductive health care clinics or religious institutions; and 4) the rights of people to practice their religion in state and local institutions. We are not authorized to address issues with federal facilities or federal officials.

If your concern is not within this Section's area of work, you may wish to consult the Civil Rights Division web page to find the correct section: www.justice.gov/crt.

The Special Litigation Section only handles cases that arise from widespread problems that affect groups of people. We do not assist with individual problems. We cannot help you recover damages or any personal relief. We cannot assist in criminal cases, including wrongful convictions, appeals or sentencing.

If you have an individual problem or seek compensation or some other form of personal relief, you may wish to consult a

private attorney or a non-profit or legal aid organization for assistance. There are only two areas in which we can assist an individual or address a single incident: 1) we may be able to assist you if you are being prevented from practicing your religion in a prison, jail, mental hospital or other facility operated by or for a state or local government; 2) we may be able to assist you if you have experienced force or the threat of force when accessing a reproductive health care facility or religious institution.

For more information about the Special Litigation Section or the work we do, please visit our web page:
www.justice.gov/crt/about/spl/.

Sincerely,

/s/

Steven H. Rosenbaum

Section Chief

Special Litigation Section

U.S. Department of Justice

Washington, D.C. 20530

Official Business

Penalty for Private Use \$300

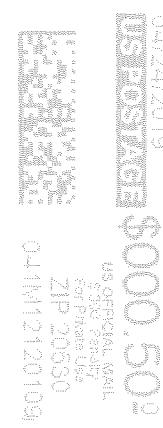
CRD/SPL

17011

12A 58B

RA-05014

1343536





Federal Bureau of Investigation
Washington, D.C. 20535

May 31, 2018

To: **Office of the Executive Secretariat**
From: **David M. Hardy**
Section Chief
Record/Information Dissemination Section
Records Management Division

Request No.: 1406134-000

The enclosed correspondence is being forwarded to your office for assignment to the appropriate division. Should you have any further questions, please contact the Public Information Officer at (540) 868-4593. Please refer to tracking number 1406134-000.

Enclosure

U.S. Department of Justice



Federal Bureau of Investigation
Washington, D.C. 20535

May 31, 2018

MR. JAMON NATHANIEL HESTAND
**1343536
2664 FM 2054
TENNESSEE COLONY, TX 75886

Request No.: 1406134-000

Dear Mr. Hestand:

This letter acknowledges receipt of your correspondence. The information you seek does not fall under the purview of the FOIA; therefore, we have forwarded your correspondence to the appropriate office for their review and handling determination.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Hardy".

David M. Hardy
Section Chief
Record/Information
Dissemination Section
Records Management Division

U.S. Department of Justice
Federal Bureau of Investigation

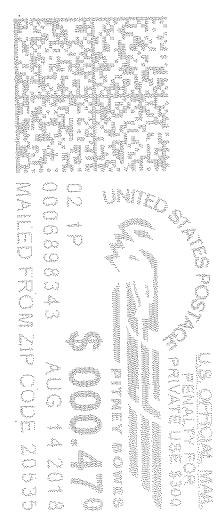
935 Pennsylvania Avenue, NW
Washington, DC 20535-0001

Official Business
Penalty for Private Use \$300

Jeffrey B. Veltri,
Chief, Civil Rights Unit
Criminal Investigative Division

10433

Received: 8-22-2018
Mr. Jamon Hestand, #1343536
2664 FM 2054
Tennessee Colony, TX 75886



U.S. Department of Justice
Federal Bureau of Investigation
Civil Rights Unit
Criminal Investigative Division
One Justice Way
J. Gordon Shanks Building
Dallas, TX 75200

Sgt. Banks



U.S. Department of Justice
Civil Rights Division

168-75-0/663650

Special Litigation Section - PHB
950 Pennsylvania Avenue, NW
Washington, DC 20530

June 18, 2019

Jamon Hestand
#1343536
TDCJ
2664 FM 2054
Tennessee Colony, TX 75886

Dear Mr. Hestand:

Thank you for your letter. The Special Litigation Section relies on information from community members to identify civil rights violations. Each week, we receive hundreds of reports of potential violations. We collect and analyze this information to help us select cases, and we may also use this information as evidence in an existing case. We will review your letter to decide whether it is necessary to contact you for additional information. We do not have the resources to follow-up on every letter.

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If you have an individual problem or seek compensation or some other form of personal relief, you may wish to consult a private attorney or a non-profit or legal aid organization for assistance. There are only two areas in which we can assist an individual or address a single incident: 1) we may be able to assist you if you are being prevented from practicing your religion in a prison, jail, mental hospital or other facility operated by or for a state or local government; 2) we may be able to assist you if you have experienced force or the threat of force when accessing a reproductive health care facility or religious institution.

For more information about the Special Litigation Section or the work we do, please visit our web page:
www.justice.gov/crt/about/spl/.

Sincerely,

/s/

Steven H. Rosenbaum
Section Chief
Special Litigation Section

U.S. Department of Justice

Washington, D.C. 20530

Official Business

Penalty for Private Use \$300

CRD/SPL

17011

Response
3/6/2020 19

AMOUNT \$000 50

US GOVERNMENT
\$300 PENALTY
FOR PRIVATE USE
ZIP 20530
04M12100108

RECEIVED
3/6/2020 19
AMOUNT \$000 50
US GOVERNMENT
\$300 PENALTY
FOR PRIVATE USE
ZIP 20530
04M12100108

RA-062719

6/25

Sworn Affidavit:

On September 4th, 2020 I was taken to Michael Unit 1-Building from 12 Building B-Block 44/cell for an interview with "Office of the Inspector General" Officer Curtis D. Bitz (Who is the same Officer who did a very incomplete & shoddy investigation on purpose in regards to "Cause No. 87CR-20-34556 at the 87th Judicial District Court of Anderson County, TX pertaining to allegations of assault with serious bodily injury around November 5th, 2018 against Quaq'a D. Goodman which led to me supposedly being indicted with very little evidence against me while deliberately ignoring very obvious & enormous amounts of evidence in my favor that shows my innocence) to discuss me being assaulted & battered with serious injuries on April 5th, 2020 by Prison Officials & Staff illegally...

During this interview I related events outlined in Grievance #'s: 202002297, 2020105677, 2020111408, 2021001144, etc. and brought up how these events may be tied to events from March 4th, 2020 where I was again assaulted & battered with serious injuries as outlined in Grievance #'s: 2020041887 & 2020047547 and how it could be retaliation for me exercising my access to courts rights also.

I made clear during that interview that I do want my Victim's Rights fulfilled on Video Recording... But OIG Officer Curtis D. Bitz seemed to only be talking about getting them disciplined and/or removed from the premises of TDCJ-CID and not getting them put in jail for criminal charges such as but not limited to: Assault & Battery with Serious Bodily Injury, Conspiracy Against My Rights, Obstruction of Justice, Official Oppression, Abuse of Office, etc, but Officer Curtis D. Bitz did screw me over when there was criminal allegations against me as aforementioned by doing a very incomplete investigation that has deliberately put my Life & Liberty in serious danger and has aggravated my mental illness to the extreme!

During the interview I got to see the main part of the April 5th, 2020...

Use of Force Video and could see where I was deliberately dragged into dark cell in hand & feet restraints and could partially see the Prison Staff attacking me and there is audio with it! It's a vicious attack against me! I started tripping out like freaking out with flashbacks and OfficeBitz had to calm me down and cut the video off!

He told me he was gonna talk to Lt. Shayna M. McArthur next and work his way down the list of 8+ involved Prison Officials & Staff but here it is September 21st, 2020 and I'm still being exposed to these Staff who were involved in the incident such as on September 7th, 11th, 17th, and 18th, 2020 where "Miami" who I finally identified as Officer Obadina S. Omoaka (who was the one who dragged my left foot in dragging me into the cell and was in between the cell table & toilet and was the one who slapped my glasses off my face and personally slapped my face, punched my head, and kneed my forehead all multiple times on top of what the other 3 were doing) and another Officer that was personally involved have antagonized me on purpose, handled my food and mail making me paranoid and extremely angry. It's like they are taunting me, trying to get me to do something hostile which I already feel like doing. Obadina S. Omoaka worked near me on September 7th, 2020 on 12 building B-Pad between 5:14am to 9am, etc. and again on "Sept. 11th, 2020 at 6:46pm, etc and again on Sept. 18th, 2020 at 6:18pm to 7:18pm; etc. and the other Officer that I have not identified and who wears no name tag and refuses to identify himself worked on September 17th to 18th, 2020 at 11:25pm on the 17th and 2:05am on the 18th, etc., who was also involved in the April 5th, 2020 incident aforementioned! It's insane!

I've been exposed to many Prison Officials & Staff from February 13th, 2018 up to December 9th, 2019 to March 9th, 2020 to April 5th, 2020 and, up to now and ongoing and I have witnessed first hand how the "Office of the Inspector General" will very quickly conspire with Prison Officials & Staff to obstruct Justice for crimes these Prison Officials & Staff commit against inmates but are very quick to

to investigate any real or imagined crimes against Incarcerated Persons so they can keep us in prison indefinitely on purpose and they will not do a full investigation of the facts so that their report to the District Attorney favors a conviction against the inmate like Mr. Bitz did to me as aforementioned...

My Life & Liberty are in danger! I am still being denied my Victim's Rights as of yet! All those involved Prison Staff should be fully investigated properly and Indicted with felony criminal charges! They need to go to jail for what they did to me and all my Victim's Rights need to be fulfilled according to Federal & State Law! It's already been a long time where I've been forcefully exposed to Prison Officials & Staff who injured me on purpose knowing that I'm mentally ill & disabled!

It was Officers Tari L. Baykin & Hilda Mengel of TDCJ-CID who escorted me to & from that Interview. The Interview was around 11am to 12pm of September 4th, 2020 recorded on Video by OTG-Officer Curtis Bitz... During the Interview, Mr. Bitz agreed I was telling the truth! I explained my willingness to submit to a polygraph test in regards to any forementioned Use of Force incidents and my desire for these Prison Officials & Staff involved to do the same but he didn't seem to want to do that at all for some reason... He also wouldn't tell me the names of all the staff involved which is part of my Victims Rights saying he couldn't share that knowledge with me even though I am already aware of Lt. Shayna M. McArthur, Sgt. Adesanya S. Adeniran, CO-Okubunmi Oseye, CO-Obadina S. Omoaka, Sgt. Franklin G. Nzeribe, et. al.!

While all this is going on, I am still injured in pain continuously and I've had symptoms of COVID-19 since April 2020 non-stop. I keep coughing, experience fatigue, headaches, congested nose, something in my lungs, etc. and I'm still denied proper medical examinations and treatment! And here I am still exposed to a bunch of Prison Officials and ~

Stott who violated my rights to the far extreme! Its real messed up to keep from cussing! I'm paranoid, in pain, sufferings, very angry, and sick! I keep having flashbacks of all the endless abuse & corruption with vicious attacks against me by Prison Officials & Staff!

Lately, Grievance Department Supervisor here on Michael Unit: Margaret M. Price and her subordinates are repeatedly violating my Protected Conduct of Filing Grievances and both the Medical Department Employees & Prison Escort Team or Diversion Team are denying me all my important medical appointments back to back like on September 2nd, 9th, and 15th, 2020 that I know of and they lie their asses off saying I "verbally refused" without even coming to my cell at all!! Its straight up torture!

I just found out from Nurse Collins at 3am here on September 21st, 2020 as I bring this to a close that I was also jacked for another medical Chain/Appointment to Hospital Galveston on September 4th, 2020 once again!! Its endless retaliation & harassment! I'm infuriated! Its unbelievable hateful ignorant behavior from these Prison Officials & Staff and the OIG! Its a real coordinated conspiracy against my rights with a campaign of retaliation & harassment for me exercising my access to courts, petition, and due process rights that has gone on non-stop especially since February 13th, 2018 up til now & ongoing. I need protection from all these involved Prison Officials & Staff! I need my Victim's rights honored & fulfilled for all these crimes that have been committed against me from February 13th, 2018 up til now! I need the Office of Inspector General to do their job properly and fair those who didn't to be punished properly! I need immediate medical examinations & treatment for all my injuries & illness! I need proper psychological treatment/therapy continuously! I need to be transferred to Ramses Unit immediately with all my property to be in General Population & close to Hospital Galveston for easy access! I declare under penalty of perjury that the foregoing is true & correct to the best of my knowledge.

Executed On: September 21st, 2020 
James Nathaniel Hastings

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1. Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3. Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5. Visiting List (Asst. Director of classification, Administration Building)
6. Parole requirements and related information (Unit Parole Counselor)
7. Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

(Carbon Copied)TO: Office of Risk Management

(Name and title of official)

ADDRESS: Michael UnitDATE: 4-26-2018

SUBJECT: State briefly the problem on which you desire assistance.

Excuse me, I need to review the incident report and evidence of injuries from 2-13-2018 on 2nd Shift "Night Shift" that led into 2-14-2018 including written reports, still photographs, medical reports, etc.

I also need all that information held on to in the event of legal action in Federal/Criminal Courts... That information pertains to the very excessive use of force that transpired on 1st shift "dayshift" on 2-13-2018 and should be included in the Use of Force packet under my file. I'm already in contact with a Law Firm.

Name: Jamon Hestand

No: 1343536

Unit: Michael

Living Quarters: 12A-31cc11

Work Assignment:

DISPOSITION: (Inmate will not write in this space)



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003, Huntsville, Texas 77342**

To: Offender Jamon Hestand

Unit/Department: Michael Unit

Subject: HESTAND

Date: May 16, 2018

Correspondence/Complainant #: 1800005440

TDCJ #: 01343536

The correspondence forwarded to the Office of the Inspector General has been read and evaluated by OIG staff.
Based on the information provided, the relevant issues stated will be addressed in the following manner:

- An OIG Investigation will not be conducted.
- The allegations presented do not come under the investigative purview of this office.
- This correspondence contains issues that should be submitted through the unit grievance procedure.
- If you are not satisfied with your Step 1 Grievance response, you should file a Step 2 Grievance to continue the Offender Grievance procedure.
- Allegations or complaints relating to minor staff misconduct or unit issues will be forwarded to the Unit Warden.
- The TDCJ Use of Force Office automatically reviews all use of force reports. If further investigation is considered appropriate, the UOF will be referred to the OIG.
- Allegations of life endangerment will be forwarded to the Ombudsman's office.
- Polygraph examinations are not administered at offender's request.
- The correspondence received contains issues relevant to the _____; and will be forwarded there. Please send further correspondence related to this matter to the above referenced office/department.
- Other: Response to your letter to the Anderson Co. Dist. Clerk dated May 1, 2018

**NOTE: Prison related issues should be directed to the appropriate TDCJ department. Sending your concerns to the wrong department or agency delays valuable response time.

- Original Documents Returned to Offender.

CC:

MAL/744

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

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3. Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4. Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5. Visiting List (Asst. Director of classification, Administration Building)
6. Parole requirements and related information (Unit Parole Counselor)
7. Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8. Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

(Carbon Copied)

TO: Office of Inspector General
(Name and title of official)

DATE: 5-25-2018

ADDRESS: Michael

SUBJECT: State briefly the problem on which you desire assistance.

(Court/Court) "I'm sending my copy of this to my Law Firm to review."

It's very wrong that y'all refuse to give me my victim's rights according to Texas Code of Criminal Procedures ~ It's illegal and it's pitiful that y'all can't respect Federal & State Law or even respect Civil & Human Rights... It's sad that I am going to have to get outside help from a Law Firm to make y'all do your jobs like y'all are supposed to do and give me my victim's rights for the crimes against me by prison staff acting under color of State Law on 2-13-2018. I am not letting this go at all. I am going to fight for my victim's rights and Civil and Human Rights until I get those rights and I fully intend to expose any and all corruption along the way... Inhumanity must be stopped and exposed to tax payers. I want full relief and my victim's rights plain & simple... This must be fully resolved!

Name: Jamon N. Hestand

No: 1343536

Unit: Michael

Living Quarters: 12A-31 cell

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

~Copied~Written 02/01/22 Page 60 of 61 Page ID #: 167

Anderson County District Attorney Allyson A. Mitchell,

Excuse me, I recently wrote the District Clerk Janice Staples and requested the address for the Victim Assistance Coordinator/Victim of Crime Liaison and a Sworn Complaint Form/Victim Impact Statement... I am the victim of assault & battery by prison staff here on Michael Unit... Janice Staples did not give me the requested address or complaint form! She forwarded my letter to O.I.G. in Huntsville... That turned into a dead end ~ I shot copies of everything to a Law Firm I'm dealing with...

This time I'm sending copies to the Law Firm and to a Media Outlet. I want my Victims Rights as stated in Texas Code of Criminal Procedures Article 56.01, etc. On 2-13-2018 I was the victim of theft of my property and of assault & battery here on Michael Unit by prison staff acting under Color of State Law... I was seriously injured with gauged eyes with busted blood vessels, twisted knee, hurt thumbs and right hand, broken rib, bonged up head on front/right side/and back and bleeding, bulging eardrum on right side, hurt back, etc.

These prison staff have no right to steal my things and injure me deliberately, they are supposed to represent a Criminal Justice System but turn around and break the law and abuse their office --- I want my full Victim's Rights plain & simple! I'm not gonna give up! The corruption & inhumanity has to stop immediately! Denying me my Victim's Rights must stop also! I am in the right. My Civil & Human Rights have been violated and I want full relief for these violations. I need you to investigate this crime that each of these staff committed on 2-13-2018 against me as soon as possible. I need to be taken seriously and given my Victim's Rights. Thank you for your time and effort in my behalf, bless you also. Please get back with me soon as possible...

Sincerely, Jamon N. Hestand #1343536
2664 FM 2054

Tennessee Colony, TX 75886



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

August 3, 2018

Mr. Jamon Hestand, #1343536
2664 FM 2054
Tennessee Colony, TX 75886

Dear Mr. Hestand:

This letter is in response to the correspondence you mailed to the FBI in which you claim you were assaulted.

I have forwarded your correspondence to our Dallas Field Office for review and appropriate action. Please direct any further concerns to that field office, located at One Justice Way, J. Gordon Shanklin Building, Dallas, TX 75220.

The FBI cannot assist you in searching for your family members.

Sincerely yours,

Jeffrey B. Veltri
Jeffrey B. Veltri
Chief, Civil Rights Unit
Criminal Investigative Division